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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/661,641
Filing Date	September 15, 2003
First Named Inventor	Burke T. Barrett
Title	Treatment of Neuropsychiatric Disorders by Near-Diaphragmatic Nerve Stimulation
Art Unit	3762
Examiner Name	Scott M. Getzow
Attorney Docket No.	1000.026CON

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 41332

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number: 41332

Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

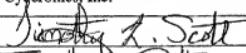
Applicant/inventor.

Under 37 CFR 3.73(b) Assignee certifies that it is:

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Assignment Recorded 10/23/2001 at Reel/Frame 012341/0228.*

**SIGNATURE of Applicant or Assignee of Record**

Company: Cyberonics, Inc.

Signature: 

Name: Timothy D. Scott

Date: 09/07/06

Telephone: 281-727-2652

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.